

Health and Safety Cleaning Checklist

Location: [Specify location]

Date: [Insert date]

Inspector(s): [Insert name(s)]

Area Cleaned: [Specify area or section]

Item	Description	Yes/No/N A	Notes/Action Required	Completed By	Completion Date
1.1	Floors are swept, mopped, and free from debris or hazards				
1.2	Trash and recycling bins are emptied regularly				
1.3	Restrooms are cleaned, stocked, and sanitized				
1.4	High-touch surfaces (e.g., doorknobs, switches) are disinfected daily				

1.5	Cleaning supplies are labeled and stored correctly				
1.6	PPE for cleaners (e.g., gloves, masks) is available and used				
1.7	Hazardous cleaning chemicals are used as per safety protocols				